

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001679

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ORTHO-MCNEIL-JANSSEN PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

1125 TRENTON HARBOURTON ROAD  
TITUSVILLE, NJ 08560

**New Principal Place of Business:**

1125 TRENTON-HARBOURTON ROAD  
TITUSVILLE, NJ 08560

**Current Mailing Address:**

1125 TRENTON HARBOURTON ROAD  
TITUSVILLE, NJ 08560

**New Mailing Address:**

1125 TRENTON-HARBOURTON ROAD  
TITUSVILLE, NJ 08560

**FEI Number:** 23-2085699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: DUATO BOIX, JOAQUIN  
Address: ONE JOHNSON & JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: VP  
Name: CURRY, KRIS L  
Address: 1125 TRENTON-HARBOURTON ROAD  
City-St-Zip: TITUSVILLE, NJ 08560

Title: TR  
Name: RYAN, MICHELLE R  
Address: 1125 TRENTON-HARBOURTON ROAD  
City-St-Zip: TITUSVILLE, NJ 08560

Title: AT  
Name: LEWIS, STEPHEN J  
Address: 850 RIDGEVIEW DRIVE  
City-St-Zip: HORSHAM, PA 19044

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN J LEWIS

AT

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date